

CLAIMS ONLY	Application Number 09/523990	Filing Date
	Applicant(s)	

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend						
1												
2												
3												
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25												
26	1											
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44	1											
45		1										
46		1										
47		1										
48		1										
49		1										
50	1											
Total Indep	5											
Total Depend	20											
Total Claims	25											

$$\begin{array}{r} 2 \\ \hline 27 \end{array}$$

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52		1				
53						
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95						
96						
97						
98						
99						
100						
Total Indep						
Total Depend	2					
Total Claims	2					